



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH SERVICES DIVISION
JUVENILE PAROLE

Name: _____

Youth ID: _____

Address: _____

CONDITIONS OF JUVENILE PAROLE
SUPPLEMENTAL FORM (B)

Youth's
Initials

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AGREEMENT

I have read or had read to me the foregoing rules and conditions and will abide by them. Failure to do so may result in revocation and my return to a state youth correctional facility. I understand that additional conditions may be imposed pursuant to a hearing and will be presented to me in writing. I have discussed this Agreement with my Parole Officer, and I fully understand it and will obey all the terms of this Agreement. I understand that I am entitled to a hearing before I am returned to a youth correctional facility under Section 52-5-129, MCA. I do hereby waive extradition to the State of Montana from any State in the Union, and from any territory, tribal boundary, or country outside the continental United States, and I also agree that I will not contest any effort to return me to the United States, or the State of Montana.

_____ Youth	_____ Date	_____ Facility Caseworker/Case Manager	_____ Date
_____ Superintendent	_____ Date		

To be signed at the first meeting with the Parole Officer and the offender after placement or as the result of a hearing

_____ Youth	_____ Date	_____ Juvenile Parole Officer	_____ Date
_____ Parent or Guardian (when applicable)	_____ Date		